

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040626

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 380

FILED NOV 8 1963

1. PLACE OF DEATH a. COUNTY <b>MARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>HANNIBAL</b>		c. CITY OR TOWN <b>HANNIBAL</b>	
Length of stay in lb <b>4 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>OAKWOOD NURSING HOME</b>		d. STREET ADDRESS (If outside, give location) <b>LINDELL AVE</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>FRANKLIN</b> Last <b>CARUTHERS</b>		4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>24</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCTOBER 10, 1869</b>
9. AGE (last birthday) <b>94</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		11. BIRTHPLACE (City and state or country) <b>PIKE COUNTY, MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>	
11. BIRTHPLACE (City and state or country) <b>PIKE COUNTY, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN HENRY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN DAVIDSON</b>	
14. NAME OF HUSBAND OR WIFE <b>LILLIAN CARUTHERS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Rene Murray</b> Address <b>Abundant, MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>generalized arteriosclerosis</b> DUE TO (b) <b>[REDACTED]</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>10-17-63 to 10-28-63 and last saw her him alive on 10-28-63</b>
21. I attended the deceased from <b>10-17-63</b> to <b>10-28-63</b> and last saw her him alive on <b>10-28-63</b> Death occurred at <b>9.50 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>[Signature]</b>	
23a. BIRTHPLACE (City and state or country) <b>HANNIBAL, MO</b>		23b. ADDRESS <b>[Signature]</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>ARIEL CEMETERY</b>		23d. LOCATION (City, town, or county) <b>RALLS COUNTY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 25, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		27. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

2400  
2400

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie L. Wilcox

Licensed Embalmer No. 3014

P. O. Address Monroe City, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Permit renewed 10/25/63